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I hereby appoint:						
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OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name		Registration Number		lame	Registration Number
			Number			I4dilibei
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents						
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<u> </u>	<u></u>					
Assignee Name and Address: ADTRAN, Inc.						
901 Explorer Blvd.						
Huntsville, Alabama 35806						
· · · · · · · · · · · · · · · · · · ·						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature M			nein		Date 3//2/C	99
Name	Kevin W. S	Schneider			Telephone 256 -	963-8024
Title	Chief Technology Officer					

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